

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/19/2013
FORM APPROVED
OMB NO. 0938-0391

45th 4/26/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2013
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CROSSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST CROSSVILLE, TN 38555
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
K 054 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p> <p>This STANDARD is not met as evidenced by: Based on testing and observation, it was determined the facility failed to maintain the smoke and fire barrier doors.</p> <p>The finding included:</p> <p>On 3/10/13 at 3:00 pm testing of the two fire /smoke doors in the central hall revealed the Doors were propped open and were not connected to the alarm system.</p>	K 054	<p>K 054</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected: Prop was removed from doors in the central hallway on 3/10/13.</p> <p>2. How will you identify other residents who have the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All current residents have the potential to be affected. By 4/5/13 the Staff Development Coordinator or designee educated nursing associates to keep smoke and fire doors clear of obstruction.</p> <p>3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur?</p> <p>The Director of Maintenance or Maintenance Assistant will conduct weekly audits for three months of smoke and fire doors to ensure they are clear of obstruction.</p>	3/10/2013 4/5/2013
K 067 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the heating ventilation and the air-conditioning system.</p>	K 067	<p>4. How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur; i.e., what quality assurance program will be put into place.</p> <p>The Director of Maintenance or designee will review the door obstruction audit and will report findings monthly times three months to the members of the Performance Improvement Committee. The committee will review the findings and make recommendations if any areas are found to be deficient. The Performance Improvement Committee includes the Medical Director, Executive Director, Director of Nursing, Pharmacist, Director of Rehab Services, Director of Business Development, Business Office Manager, Director of Admissions, Director of Environmental Service, Director of Health Information, Director of Recreational Services, Director of Maintenance, Director of Social Services, and Staff Development Coordinator.</p>	4/5/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 3/28/13
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CROSSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST CROSSVILLE, TN 38555		
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K 067	Continued From page 1 The finding included: On 3/9/13 at 2:03 PM, observation within the Nurses' restroom in the south hall area revealed there was no negative air pressure in the restroom. This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/10/13.	K 067	<p>K 067</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected: Negative air pressure was restored 3/22/13 to the nurses' restroom in the south hall by the Director of Maintenance.</p> <p>2. How will you identify other residents who have the potential to be affected by the same deficient practice and what corrective action will be taken, All current residents have the potential to be affected. An audit was conducted 3/18/13 by the Director of Maintenance of facility bathrooms to ensure negative air pressure was present. Adjustments were made as needed to ensure negative air flow.</p> <p>3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur? The Director of Maintenance or Maintenance Assistant will conduct weekly audits for three months of facility bathrooms to determine if negative air pressure is present.</p> <p>4. How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance program will be put into place. The Director of Maintenance or designee will review the restroom negative air audit and will report findings monthly times three months to the members of the Performance Improvement Committee. The committee will review the findings and make recommendations if any areas are found to be deficient. The Performance Improvement Committee includes the Medical Director, Executive Director, Director of Nursing, Pharmacist, Director of Rehab Services, Director of Business Development, Business Office Manager, Director of Admissions, Director of Environmental Service, Director of Health Information, Director of Recreational Services, Director of Maintenance, Director of Social Services, and Staff Development Coordinator.</p>	3/22/2013	4/5/2013
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